



Policy and Procedure Manual

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I. OVERVIEW

A. Individuals with Disabilities Education Act (IDEA)

BabyNet is the South Carolina IDEA Part C early intervention system. Congress originally enacted the IDEA in 1975 to afford children with disabilities the opportunity to receive a free appropriate public education, just like other children. Part C of the law describes services to be provided to children ages' birth to three. The US Department of Education, Office of Special Education Programs (OSEP) is responsible for funding and oversight of state IDEA Part C programs.

IDEA Part C services are designed to facilitate early identification and intervention with children with actual or potential delays in development in order to achieve improvement in developmental status. Current, detailed legislative information, regulations, and reference material is available at the National Dissemination Center for Children with Disabilities website: www.nichcy.org.

DHEC serves as lead agency for South Carolina's early intervention system. BabyNet is a collaborative interagency effort of:

- Department of Health and Environmental Control (DHEC)
- Department of Disabilities and Special Needs (DDSN)
- School for the Deaf and the Blind (SDB)
- Department of Health and Human Services (DHHS)
- Department of Mental Health (DMH)
- Department of Social Services (DSS)
- State Department of Education (SDE)

Each of these agencies is signatory to an interagency Memorandum of Agreement that describes roles and responsibilities of each within the BabyNet system. Current BabyNet system information is posted at www.scdhec.net/babynet.

B. BabyNet policies and procedures

1. The 2006 manual revision was made to provide a comprehensive, but concise, statement of BabyNet policies and procedures, with a focus on those:
 - a. Required to assure minimum compliance with IDEA Part C 2004 Reauthorization; and
 - b. Needed to assure smooth implementation of the "system point of entry" changes resulting from the 2003 OSEP Compliance Agreement.
2. Revisions and updates
 - a. The manual will require revision and updating as issues emerge, when regulations governing implementation of IDEA 2004 reauthorization are released by OSEP, and annually to assure proper guidance on critical program functions.
 - b. The manual will be posted on the BabyNet website. When factual errors or IDEA Part C violations are discovered, the manual will be updated immediately. BabyNet

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providers (agencies and contractors) will be notified by email when such corrections have been made.

- c. The manual will be reviewed annually. An updated version of the manual will be posted each July. Previous versions will remain on the website until July of each year.

C. Definitions

1. Age adjustment: This is done to compensate for premature birth when determining developmental status. Adjustment for prematurity should be done for children born at less than 38 weeks gestation. Adjustment should continue until the age two years.

Adjustment is made by first calculating prematurity in weeks (= 40 – gestational age in weeks), then subtracting prematurity in weeks from chronological age.

Example: Adjusted age for baby born at 30 weeks gestation who is now 8 ½ months old is 6 months.

$$\begin{aligned}\text{Prematurity in weeks} &= 40 - 30 = 10 \\ \text{adjusted age} &= 34 - 10 = 24\end{aligned}$$

2. Collaborating agency: One of seven state agencies that are signatories to the BabyNet Interagency Memorandum of Agreement (MOA).
 - a. Department of Health and Environmental Control (DHEC, IDEA Part C lead agency);
 - b. Department of Disabilities and Special Needs (DDSN);
 - c. SC School for the Deaf and Blind (SDB);
 - d. Department of Mental Health (DMH);
 - e. Department of Social Services (DSS);
 - f. Department of Health and Human Resources (DHHS); and
 - g. State Department of Education (SDE).
3. Developmental domain: One of five categories of development that must be assessed as part of the IDEA Part C enrollment process. Developmental domains are:
 - a. Cognitive;
 - b. Physical (including vision and hearing);
 - c. Communication;
 - d. Social or emotional; and
 - e. Adaptive.
4. Early intervention: General term for complete array of developmental services provided through BabyNet
5. IDEA: Individuals with Disabilities Education Act
6. Intake/Service Coordinator: DHEC staff member responsible for assuring completion of required activities from referral through initial IFSP meeting. (Activities to be completed within 45 days of the referral.)

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7. Local Coordination Team: Regional or service area team with local level representatives of the BabyNet collaborating agencies, other BabyNet service providers and other local partner agencies.
8. Natural environment: Settings that are natural or normal for the child's age peers who have no disabilities.
9. Parent: A natural or adoptive parent of a child; an individual appointed as guardian or given legal custody; a person acting in loco parents such as grandparent or stepparent with whom the child lives, or a person who is legally responsible for the child's welfare.
10. Part B: Sections of IDEA describing services to be provided to eligible children ages three to five through the state education agency.
11. Part C: Sections of IDEA describing services to be provided to eligible children ages' birth to three.
12. Procedural safeguards: Operational statements to assure compliance with legislatively mandated rights and privileges of persons receiving IDEA Part C early intervention services.
13. Service providers: Any provider of one or more BabyNet services.
14. Services: Services provided through BabyNet, including: any of the 16 required IDEA Part C services; additional services covered by BabyNet; or other hospital or community based services provided as part of the IFSP or in response to identified family needs.
15. Service coordinator: Person responsible for working directly with the family to plan, coordinate and monitor provision of BabyNet services and other services required to meet the child's needs.
16. SPOE Office: "System point of entry" for BabyNet services. Twelve DHEC locations serve as the BabyNet "SPOE" offices for receipt and processing of BabyNet referrals.
17. Surrogate parent: A person appointed to represent the child in all matters related to BabyNet evaluations and assessments, development and review of IFSPs, on-going provision of BabyNet services and any other rights under IDEA Part C.

II. BABYNET SERVICE SYSTEM

A. Eligibility Criteria

SC residents under age three are eligible for IDEA Part C services through the BabyNet system when established risk and/or developmental delay are documented:

1. Established Risk

Children are eligible for BabyNet services if they have a professionally diagnosed condition (physical or mental) known to be associated with delays in one or more developmental domains. A child is eligible based on established risk if:

- a. Documented condition is on the list of BabyNet covered medical conditions (included in the appendices); or
- b. The DHEC Division of Children with Special Health Care Needs pediatric consultant determines that the child's diagnosed condition meets established risk criteria (i.e., is known to be associated with delays in one or more developmental domains).

2. Developmental Delay

Children are eligible for BabyNet services based on developmental delay (with or without a diagnosed condition), if an assessment using appropriate diagnostic instruments or procedures (BabyNet-approved curriculum-based assessment is preferred), reveals a delay equivalent to:

- a. 33% below the adjusted age in any domain; or
- b. 25% below the adjusted age in two or more domains.

(Developmental domains are cognitive; physical (including vision and hearing); communication; social or emotional; and adaptive.

B. Required Services

IDEA Part C requires all state early intervention programs to offer the sixteen services listed below to eligible children. BabyNet serves as payer of last resort for these services when listed on the IFSP.

A complete description of these services, and BabyNet policies related to authorization and payment is included in the Service Guide contained in the appendices.

1. Assistive technology;
2. Audiology;
3. Family training, counseling, home visits and other supports;
4. Health services;
5. Medical services (diagnostic and evaluation services only);
6. Nursing services;
7. Nutrition services;
8. Occupational Therapy (OT);
9. Physical therapy (PT);
10. Psychological services;

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11. Service coordination;
 12. Social work services;
 13. Special Instruction;
 14. Speech-language pathology;
 15. Transportation and related costs; and
 16. Vision services (including orientation and mobility services).
- C. BabyNet services, in addition to the required IDEA Part C services listed above include:
1. Services for children with autism spectrum disorders; and
 2. Language interpreter services.

D. Service Settings

IDEA Part C requires that covered services be provided in the child's natural environment unless there is a specific reason why services in other locations would better meet the child's clinical needs. The natural environment is the child's home and/or those community settings (excluding medical facilities) in which children *without* disabilities participate.

Service provision in the natural environment is a priority in order to assure that developmental services are incorporated into a child's everyday life in ways that will naturally emphasize the acquisition of functional skills.

E. General Service Provision Guidelines

1. All services provided through BabyNet must be based on the unique needs of the child/family. The family should serve as the primary "interventionist" in the child's life. They are the experts in relation to the needs of the child and family. The family and personnel involved in a child's intervention establish a working partnership based on an open exchange of information and expertise.

2. Procedural safeguards

The principles listed below (key IDEA Part C "procedural safeguards") govern delivery of all IDEA Part C and BabyNet services. They must be kept in mind during planning and implementation of any BabyNet system service, regardless of *specific* reference to these requirements in instructions, manuals or forms.

- a. Parents must be involved in, and approve, all decisions related to services provided to their child. They must be informed of rights and privileges under IDEA Part C.
- b. Confidentiality of personally identifiable information must be maintained at all times.
- c. Every effort must be made to assure that all contact with the family is in the family's native language, or the mode of communication used by the parent. (This includes sign language interpretation for deaf parents, regardless of child's status.)
- d. Evaluation, assessment, IFSP development, and service coordination will be available at no cost to the family, with the exception of certain services related to autism.
- e. The enrollment process must be completed within 45 calendar days of referral for services.
- f. Written consent must be obtained prior to provision of services, and for any release of information about the child or services provided to the child.

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- g. The parent can:
 - (i) Refuse, cancel or postpone services at any time.
 - (ii) Review and amend child's record if information that is incorrect or misleading is identified.
 - (iii) File administrative complaints and/or request mediation due process hearing to resolve disputes about services.
 - (iv) Appeal dispute resolution decisions.
 - h. Arrangements must be made for provision of all services included in the IFSP for children found to be eligible for program services (although this does not mean that BabyNet must directly provide or pay for all such services.)
 - i. Services are to be provided in the child's natural environment to the maximum extent appropriate to meet his/her needs;
 - j. The family must be provided written notice ("written prior notice") before changes are made to current IFSP services.
3. Conduct
- a. All service providers are expected to:
 - (i) Provide services in accordance with goals outlined on the IFSP.
 - (ii) Provide services only when intervention is necessary.
 - (iii) Notify parents/caregivers in advance of missed or late sessions, or immediately if delay is due to unforeseen circumstances.
 - (iv) Maintain professional relationships and boundaries with families served within the BabyNet system.
 - (v) Provide services in a manner that is family-centered, inclusive and culturally competent.
 - b. Service providers are prohibited from:
 - (i) Bringing children/minors or other individuals not directly involved in the provision of care to the child or family to the service site. Parents may not be requested to waive this policy. With prior consent of the family, internship students gaining practical experience, and are supervised by the contractor are excluded from this provision.
 - (ii) Soliciting business from parents or caregivers.
 - (iii) Soliciting business from or for a private agency, spouse, or relative.
 - (iv) Selling or marketing products while representing BabyNet.
 - (v) Providing services to members of their immediate family or individuals in which a professional relationship would be compromised.
 - (vi) Loaning or giving money to a caregiver/family/child while involved in a professional relationship with a caregiver/family/child.
 - (vii) Giving or receiving of gifts from those involved in a professional relationship with a caregiver/family/child.
 - (viii) Imposing personal or religious beliefs on others.

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- (ix) Using alcohol or illicit drugs while working with caregivers, families or children, or in a manner that will affect provision of BabyNet services.

4. Reporting requirements

- a. All BabyNet providers are required to maintain clinical services notes in the child's BabyNet record. Private providers serving BabyNet children under a DHEC contract must submit a progress report to the Service Coordinator quarterly (and on request when additional information is needed) for each child served. The report must contain all information included on the *Quarterly Progress Summary* form.
- b. The provider *Quarterly Progress Summary* report will be due the first quarter after the date of the IFSP or the IFSP Review meeting where the service provider was identified and added to the plan.

Example: The Initial IFSP or IFSP Review was developed and service provider identified on 05/06/06. The Quarterly Progress Summary will be due 3 months from then on 08/06/06. The Intake/Service Coordinator should explain the quarterly summary requirement and due date at the IFSP meeting and document that explanation was given.

- c. If summaries are not received within one week after the due date, the Intake/Service Coordinator shall notify provider that the *Quarterly Progress Summary* is past due, and document that notification was sent.

If the *Quarterly Progress Summary* is not received the following week, the Intake/Service Coordinator shall notify the BabyNet System Manager to follow up with provider.

If obtaining provider summaries continues to be a problem, the System Manager shall notify BabyNet Provider Relations Coordinator. The Provider Relations Coordinator will make sure the provider is aware of their contractual responsibilities.

III. PUBLIC AWARENESS AND CHILD FIND

A. Introduction

An effective public awareness and child find system is necessary to assure earliest possible identification and referral of children that might benefit from early intervention services.

B. Public Awareness

1. Public awareness activities are those related to disseminating general information regarding the BabyNet system. Public awareness activities include: exhibiting at conferences, delivery of brochures, speaking engagements and Public Service Announcements (PSA). They should be conducted in conjunction with the local BabyNet Coordination Teams to maximize local resources to prevent duplication of effort, public awareness activities.
2. Take place in non-traditional settings such as the free medical clinic, shelters, and the Salvation Army.
3. Be included in the regular system manager's report (as requested.)

C. Child Find

1. Child find activities include screening activities and identification programs that are conducted in the community, including non-traditional settings, to identify infants and toddlers who may be potentially eligible for BabyNet. An example of a child find activity is a community screening event held at a daycare and conducted for the purpose of screening large numbers of young children to identify infants and toddlers who may be eligible for early intervention services. If the screening is being conducted as a BabyNet Child Find effort, only an approved BabyNet screening tool should be used. See the next page for a listing of approved screening tools.
2. To maximize local resources and to prevent duplication of effort, child find activities should be conducted in conjunction with the local BabyNet Coordination Teams. These efforts, on a local level, should correlate to the local plans.
3. Local coordination team child find plans and activities should be included in meeting minutes and submitted to BabyNet program manager as requested.
4. Local collaboration teams will include representation from Early Head Start programs, if they exist in that area.
5. In addition, child find coordination should include at least the following agencies or programs:
 - a. Head Start;
 - b. First Steps;
 - c. Early Care Educators;
 - d. Community programs to include any local parenting programs and early care educators;
 - e. Migrant Head Start (if available);
 - f. Programs for homeless children and families;
 - g. County Health Department services;

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- h. WIC programs;
 - i. Department of Social Services;
 - j. Department of Mental Health;
 - k. Maternal and Child Health;
 - l. Medicaid Early Periodic Screening Diagnosis and Treatment (EPSDT); and
 - m. Local School Districts.
6. Distribution of child find materials will be coordinated through DHEC

Screening Protocols Approved for Use in the BabyNet System			
SCREENING INSTRUMENTS	Use	Ages	Developmental Areas
Ages and Stages Questionnaire (ASQ)	(Referral or Intake)	4 – 48 months	Communication, gross motor, fine motor, problem-solving, personal-social
Ages and Stages Questionnaire – Social Emotional (ASQ-SE)	(Referral, Intake, PRN)	6 - 60 months	Social and emotional behavior
Family Hearing and Vision Report	(Initial and Annual IFSP)	Birth – 36 months	Communication (medical and behavioral history of visual-motor, auditory and verbal skills)
Parents' Evaluation of Developmental Status (PEDS)	(Referral or Intake)	Birth – 8 yrs.	Communication, gross motor, fine motor, behavior, social emotional, self-help, school.

7. Working with Primary Referral Sources

Primary referral sources in each BabyNet Coordination Team catchment's area will be informed of the requirement under Part C to make referrals to the state's early intervention system in a timely manner following suspicion of any delays in a child's development. This may be accomplished by providing written literature about BabyNet, as well as making presentations regarding the BabyNet System to primary referral sources specified in federal regulations as: hospitals (pre-natal and post-natal), physicians, parents, day care programs, local educational agencies, public health facilities, other social service agencies, other health care providers, to include free medical clinics.

The manner in which this will be accomplished will be described in the written Child Find Plan maintained by the local interagency coordination team.

D. Procedures

1. All DHEC BabyNet offices will accept BabyNet referrals. The reason for referring a child to the BabyNet System is to determine whether a child is eligible to receive BabyNet early intervention services based upon the established eligibility guidelines.
2. Once a primary referral source identifies that a child may have a delay or needs further evaluation, that individual or agency must make a referral to the SPOE in a timely manner.
3. Referrals shall be accepted by phone, fax, and written correspondence or in person. The BabyNet referral form will be given to local primary referral sources for use when making referrals.
4. As soon as the referral is received at the SPOE, it is considered a referral for evaluation and assessment and the 45-calendar day timeline begins.

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5. All contact with the family must be in the family's native language or in the mode of communication used by the parent. SPOE personnel should be aware of and sensitive to the family's culture, ethnicity and language.
6. Children three years of age or older will NOT be considered a referral; however, they will be referred to the Local Education Agency (LEA) and will be informed of any other community resources that may benefit their family.

IV. RECEIPT OF REFERRALS

- A. Information in this section covers a majority of BabyNet referrals. Alternate or additional actions may be required if:
- The child is temporarily living in a county other than the county of residence (this includes children who are referred during hospitalization);
 - The child's parents or guardians are unable to participate in BabyNet planning activities;
 - The child is known to be homeless; or
 - The child has been referred by DSS as required when children under age three are the victims of substantiated child maltreatment.
- B. Referral sources

Anyone can refer an infant or toddler under age three to BabyNet. Most referrals come from family members, childcare providers, and individuals or agencies providing health and social or support services to children and families.

All agencies participating in the BabyNet interagency memorandum of agreement should refer all children served who are under age three and might benefit from BabyNet services.

In addition, the state Division of Social Services is legislatively required to refer children for IDEA Part C (BabyNet) services when children under age three are the victims of substantiated child maltreatment.

C. Processing Referrals

- BabyNet referral of a child under age three requires communicating the following information to any of the 12 designated DHEC BabyNet offices.
 - Child's first and last name;
 - Date of birth;
 - Child's address and phone number (and/or other contact information sufficient to allow DHEC intake staff to contact the family); and
 - Name of parent, legal guardian, or primary caretaker.

This is referred to as "directory information". It can be shared for purposes of IDEA Part C eligibility determination and/or Part B notification without explicit parental permission.

This information can be communicated verbally (in person or via telephone), or in writing (letter, fax, or email). A BabyNet referral form is not required to make a referral.

- One of the following must be documented in the BabyNet record and BabyTrac within 45 days of receipt of referral in the DHEC BabyNet office:
 - Child does not meet eligibility criteria;
 - Family is not interested in BabyNet services for referred child; or
 - Child has a completed and signed IFSP.
- The BabyNet system manager is responsible for assuring that each SPOE office in the DHEC Region has established procedures for:

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- a. Entering referrals into a written log and/or BabyTrac within two working days of referral receipt;
 - b. Assigning an Intake/Service Coordinator by the end of the working day following receipt of the referral; and
 - c. Setting up an early intervention record upon receipt of the referral.
4. BabyNet services can be initiated at any age less than three years. All referrals received prior to the child's 3rd birthday must be processed according to the procedures in this manual.
 5. When children ages 33 to 35 months are referred for BabyNet services, the Intake/Service Coordinator should also discuss the option of immediate referral to pre-school services, and initiate such referrals as appropriate based on family requests.
 6. If the child is 36 months of age or older at time of referral for early intervention services, it is too late to offer IDEA Part C services. The family should be given information about pre-school services and offered assistance to obtain these services.

D. Initial Family Contact

1. Upon receipt of a referral, the Intake/Service Coordinator (or designee) must initiate contact with the family within two working days to:
 - a. Inform them of the referral;
 - b. Briefly describe BabyNet system services; and
 - c. Arrange an intake/orientation visit to further discuss the program, determine family interest in BabyNet services, and, if appropriate, proceed with collecting information required for IFSP development.
2. If the family declines BabyNet services during initial telephone contact (i.e. before intake/orientation visit), the Intake/Service Coordinator (or designee) should:
 - a. Document family decision in the record;
 - b. Send the family a copy of the *Closure Letter* and the *Notice of Child and Family Rights in the BabyNet System*; and
 - c. Close referral in BabyTrac.

The case can be reopened upon family contact (when an new "45-day clock" begins).

3. When the family declines BabyNet system services in the course of the intake/orientation visit, the Intake/Service Coordinator obtains family signature on the *Refusal of Services* form, and gives the family a copy of the *Notice of Child and Family Rights in the BabyNet System*.
4. If family contact is not made after a minimum of three documented attempts over at least two working days, the Intake/Service Coordinator should:
 - a. Notify the family that a referral has been made and attempts to contact have failed using the *Closure Letter* which requests that the family contact the BabyNet office. A copy of the *Notice of Child and Family Rights in the BabyNet System* should be sent with the *Closure Letter*.
 - b. Determine need for sending acknowledgment of the referral, and follow up as appropriate.

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- c. Close referral in BabyTrac. The case can be reopened upon family contact (when an new “45-day clock” begins).

The Intake/Service Coordinator always has the option of additional contacts before closing. The guidelines above are not meant to *automatically* limit attempts to contact.

E. Hospitalized children, or children in temporary residences at time of referral

1. Under these circumstances, referral sources may send referral information for hospitalized children to the BabyNet office serving the child’s county of residence, or to the office nearest the hospital or temporary residence. The SPOE office that receives the referral is responsible for initiating contact with the family to determine the most appropriate way to proceed with the eligibility determination process based on child’s status and their preferences.
2. Completion of the intake and eligibility determination process can be coordinated by either SPOE office (one nearest the child’s current location or in the child county of residence) depending on what will best meet that child’s needs. Records must be transferred between offices as needed when the child leaves the hospital or returns to the county of residence.
3. If the parent chooses to decline all services until the child returns home, the Intake/Service coordinator should (as indicated):
 - a. Obtain signature on *Refusal of Services* form.
 - b. Give the family a copy of the *Notice of Child and Family Rights in the BabyNet System*.
 - c. Provide information to assist the family to make a referral in the county of residence.
 - d. Provide courtesy notice to the BabyNet office serving the child’s county of residence that a referral might be forthcoming.
 - e. Close the referral in BabyTrac.
4. If the parent chooses to complete the eligibility process the initial IFSP will contain all Part C services needed to improve development, or service coordination may be the only service for six months, until the child returns home, or until hospital discharge planning begins.

F. Surrogate parents

A surrogate parent may be needed if the child’s parents or guardians are unable to participate in BabyNet planning activities. See Procedural Safeguards manual for specific guidelines for identifying and obtaining services of a surrogate parent.

G. Homeless children

Follow-up with children and families known to be homeless may require non-traditional methods of contact that might include working with local law enforcement officers, soup lines, Salvation Army, homeless shelters, etc.

Intake/Service Coordinators and other BabyNet staff must make reasonable efforts to locate and serve homeless children. Contact the Systems Manager or BabyNet Regional Consultant if more information is needed.

H. DSS Referrals

1. CAPTA Requirements

Section IV (Referrals)

The federal Child Abuse Prevention and Treatment Act (CAPTA) requires that state social service agencies refer children under age three for IDEA Part C (BabyNet) early intervention eligibility determination when:

- a. The child is the victim of substantiated child abuse or neglect; and/or
- b. The agency determines the child to be affected by illegal substance abuse (including prenatal drug exposure); and/or
- c. Developmental delays are suspected or confirmed.

The intent of the CAPTA legislation is to assure that the children described above are screened to determine need for IDEA Part C services. CAPTA does not require evaluation or early intervention services under Part C for all children that meet the above criteria.

Parents of children referred to BabyNet as required by CAPTA retain all rights of any parent in the BabyNet system unless there is a court-ordered treatment plan requiring cooperation with BabyNet.

2. DSS referrals and follow up

- a. DSS caseworkers have been asked to send a completed (but unscored) PEDS screening tool with each BabyNet referral. The Intake/Service Coordinator will be responsible for scoring the PEDS form prior to contacting the appropriate parent/guardian to begin the intake process. However, referrals may be processed without a completed PEDS screening tool and family contact will be initiated.
- b. The Intake/Service Coordinator may need clarification or additional information to identify:
 - (i) All reasons for DSS referral; and
 - (ii) Appropriate contact person to conduct the initial and consequent contacts with for the referred child.
- c. The Intake/Service Coordinator should notify the caseworker prior to closing the referral if the parent:
 - (i) Refuses all BabyNet services during the intake process; or
 - (ii) Declines service(s) once planned or initiated.

Notification can be by telephone, or by sending the caseworker a copy of the signed *Refusal of Services* form, *Closure Letter* or other documentation. If there is no response from the parent or the DSS case worker, the referral should be closed following the same procedures as for any other child

3. DSS case worker role

- a. The referring DSS caseworker should be notified if the parent refuses BabyNet services at any point in the 45-day calendar process.
- b. The DSS caseworker is responsible for:
 - (i) Including the reason for BabyNet referral;
 - (ii) Notifying Intake/Service Coordinator if DSS can override parent refusal of service (e.g. based on court-ordered participation); or

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- (iii) Notifying Intake/Service Coordinator if BabyNet intake participation is included in the parent's DSS Treatment Plan.

If any of these circumstances exist, the caseworker should also notify the Intake/Service Coordinator about steps to be taken (if any), if the parent fails to cooperate with planning and implementing BabyNet services.

V. INTAKE/ORIENTATION

- A. The Intake/Service Coordinator must arrange a face-to-face visit with the child and family as soon as it can be arranged, in order to meet the 45-day deadline for IFSP completion (or other final disposition of the referral). It may take more than one visit to complete all required activities. The visit(s) must be completed within 2 weeks of referral and held at a time and place convenient to the family.
- B. The purpose of the intake/orientation visit is to:
 - 1. Provide basic information about IDEA Part C and the BabyNet system summarized in the *Family Guide to the BabyNet System*;
 - 2. Determine family interest in pursuing eligibility determination process; and
 - 3. Begin collection of information needed to determine eligibility and initiate services.

Some of these activities may be completed prior to the face-to-face visit during the initial family contact.

- C. Tasks to be completed during the visit(s):
 - 1. Review of the following (using the *Family Guide to BabyNet System*):
 - a. IDEA Part C and BabyNet system purpose and services;
 - b. Eligibility criteria; and
 - c. Enrollment process up to and including development of the initial IFSP.
 - 2. If the family wants to proceed with the enrollment process, the Intake/Service Coordinator:
 - a. Obtains written consent for:
 - (i) Releasing and obtaining medical information as needed to provide, arrange, and/or coordinate BabyNet services (*Consent to Release and/or Obtain Information* form);
 - (ii) Screenings, evaluations and assessments required for eligibility determination (*Consent for Screening, Evaluation and Assessment* form); and
 - (iii) Billing third party payment sources (including Medicaid) as appropriate (*Insurance Resources/Consent to Bill* form).
 - b. Collects pertinent health information (*Birth and Early Health History* form);
 - c. Completes hearing and vision screening (*Family Hearing and Vision Report*) unless the child has had an evaluation by audiologist, ophthalmologist or optometrist within the past six months (180 days). Intake/Service Coordinator should request results of such evaluations (with parental consent).

Section V (Intake and Orientation)

d. Completes following IFSP Sections:

#	Topic
1	Child Information
2	General Contact Information
3	Service Coordination Provider
5	Child Current Health Status – Family View
6A	Family View of Infant/Child Present Level of Functioning
7	Family Resources, Priorities and Concerns (if parent consented)
9	Other Services
11	Service Coordination Goals (as appropriate)
12	Transition Planning (as appropriate)

3. Conducts developmental screening (PEDS or ASQ) if referral and/or intake information indicates that the child may be functioning within normal limits. The screening is done to rule out need for the more comprehensive curriculum based assessment (CBA).

If the screening tests are completely within normal limits; the parents have no specific concerns, and the child is not otherwise eligible for BabyNet services, a CBA is not required.

The Intake/Service Coordinator should:

- a. Inform the family that the child is not currently eligible for BabyNet services;
 - b. Discuss other referrals or services that might address concerns related to the referral;
 - c. Discuss re-referral at any time before the child turns three;
 - d. Give family a signed Written Prior Notice stating that the child found not eligible with a copy of the *Notice of Child and Family Rights in the BabyNet System*.
4. Conducts the CBA, or makes arrangements for CBA completion according to initial CBA procedures.
5. Identifies need, and initiates arrangements, for additional assessments or evaluations required to:
- a. Follow up on screening results and/or family concerns; or
 - b. Adequately plan for IFSP development and implementation.
- D. Missed appointments. If the family doesn't keep the scheduled appointment for intake/orientation, the Intake/Service Coordinator should make at least one attempt to contact the family before sending a *Closure Letter* indicating that the case will be closed pending family contact to confirm interest in BabyNet services. A copy of the *Notice of Child and Family Rights in the BabyNet System* should be sent with the letter.

VI. INITIAL CURRICULUM BASED ASSESSMENT (CBA)

The CBA is method for assessing and documenting child status across five developmental domains as required by IDEA Part C.

A. Determining CBA provider

The initial CBA provider agency (DDSN, SDB or DHEC) is determined by the reason for the referral as summarized in table below.

Initial CBA Assignment Summary Table	
Agency	Initial CBA Assignment Criteria
DDSN	Child has qualifying condition (and has been determined eligible for BabyNet services.)
SDB	Child has confirmed or suspected vision or hearing impairment.
DHEC	All other children (i.e. those referred for suspected developmental delay).

1. **DDSN** is responsible for conducting the initial CBA when there is documentation that the child has a qualifying condition (i.e., a professionally diagnosed and documented condition with known cause and developmental consequences included in list of covered conditions, or other conditions determined to meet the same criteria by the DHEC Division of Children with Special Health Care Needs pediatric consultant).

Eligibility must be determined and IFSP Section 8 completed before DDSN will conduct a CBA. (See Section VI Eligibility Review).

If the child is determined eligible for BabyNet services, the Intake/Service Coordinator can begin arranging for DDSN to complete the CBA using the following procedures.

- a. Ask if the family has a preference for a CBA provider agency. If so, the Intake/Service Coordinator contacts that agency, to inform them that a referral is being sent.
- b. If the family does not have a preference as to CBA provider agency, the Intake/Service Coordinator (or designee) will use a county-specific CBA provider matrix to determine which DDSN contract agency will conduct the CBA.

Each BabyNet System Manager will be responsible for setting up a CBA matrix for each county in the Region by:

- (i) Listing each CBA provider agency;
- (ii) Determining the number of staff members in each agency that conduct CBAs; and
- (iii) Placing a referral number beside each provider until each staff member has a referral.

Once all providers have been assigned a CBA referral, start the rotation over. (See example next page.)

The DDSN BabyNet Supervisor must inform the BabyNet System Manager of any changes in the number of staff members available for CBA as soon as they occur, or no later than the next scheduled local BabyNet Coordination Team meeting.

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- c. DDSN will be completing CBAs on children with a qualifying diagnosis (established risk), therefore DSN Boards and their contract agencies will not be permitted to “decline” the completion of any CBA assigned to them. If a DSN Board or contract agency feels they are unable to complete the number of CBA referrals received, they must communicate their concerns to the DDSN central office.

EXAMPLE

CBA MATRIX

CBA Matrix to determine DDSN CBA Providers (initial CBA only)

DDSN contractor	# CBA Staff	Referral number and agency assignment for <u>AUGUST</u> (* indicates break in assignment rotation)																	
Agency #1	10	1	4	7	10	12	14	16	18	20	21	*	24	27	30	32	34	36	38
Agency #2	8	2	5	8	11	13	15	17	19	*	22	25	28	31	33	35	37	39	*
Agency #3	3	3	6	9	*	23	26	29	*										

- There are three DDSN contractors in the county, with a total of 21 staff members available for CBA assignments.
 - The SPOE office received 39 referrals during the month.
 - Agency #1 was assigned the 1st, 4th, 7th, 10th...21st, and 24th, 27th 30th ...38th referrals for a total of 17.
 - In the same manner, Agency #2 was assigned 16 referrals, and Agency #3 got 6 referrals.
 - Agency # 2 got the 39th (last) referral of the month, thus the following month, the first referral would begin with Agency #3.
2. **SDB** is responsible for conducting the initial CBA when the child has a confirmed or suspected sensory (vision or hearing) impairment, or when the hearing and vision screening results indicate need for evaluation. (The Intake/Service Coordinator should contact the SDB regional consultant if unsure.)

The Intake/Service Coordinator must fax all required documents to Annette Hammond at **803-896-8279**. The referral must include a fax number to be used for confirmation of receipt of the CBA request. A confirmation will be sent within 24 hours. If the Intake/Service Coordinator has not received a confirmation, they should call Annette Hammond at **803-896-9794**.

SDB will only accept faxed requests.

3. **DHEC** is responsible for conducting all other initial CBAs. The reason for referral for these remaining children is “suspected developmental delay.”

If the CBA is to be completed by DHEC, the Intake/Service Coordinator completes the CBA during the intake/orientation visit(s) or makes arrangements for CBA completion according to DHEC Region or SPOE area procedures.

B. CBA packet preparation and transmittal

1. Within two working days of completion of the intake visit, the Intake/Service Coordinator is responsible for sending the CBA provider copies of:
 - a. *Birth and Early Health History* form;
 - b. *Insurance Resource* form (signed);

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- c. *Consent to Release/Obtain Information* (signed);
- d. *Consent to Screening, Evaluation and Assessment* (signed);
- e. *Family Hearing and Vision Report*;
- f. IFSP sections completed to date:

#	Topic
1	Child Information
2	General Contact Information
3	Service Coordination Provider (Intake/Service Coordinator name, phone)
5	Child Current Health Status – Family View
6A	Family Resources, Priorities and Concerns (if parent consented)
8	Eligibility
9	Other Services
11	Service Coordination Goals (as appropriate)
12	Transition Planning (as appropriate)

- g. Blank IFSP Section 6-B (Assessment of Infant/Child Present Level of Functioning) for completion by the CBA provider unless provider has been sent an electronic file to print.

- 2. SDB requires that this information be faxed (mailed copies will not be accepted). In all other cases, materials should be transmitted in the most cost efficient manner possible to reduce program costs.
 - 3. The CBA information packet will be transmitted with the BabyNet cover sheet (or similar sheet with the same information). The SPOE office may add specific additional instructions, if any, for return of CBA results.
- C. CBA provider responsibilities
- 1. Upon receipt of the CBA information packet described above, the agency/provider is responsible for initiating contact with the family to schedule a visit to complete the CBA.
 - 2. The CBA provider must schedule the visit, complete the CBA, and return IFSP Section 6-B (Assessment of Infant/Child Present Level of Functioning) to the Intake/Service Coordinator by the stated due date, which will be no more than two weeks from the date that the materials were sent.
 - 3. Appropriately filing or discarding background information, which includes personally identifiable health information (PHI).
- D. Within two working days of receipt of the completed and signed IFSP Section 6-B, the Intake/Service Coordinator will:
- 1. Review CBA results;
 - 2. Arrange an eligibility review meeting if CBA was completed by SDB or DHEC.
 - 3. Begin (or continue) arrangements for initial IFSP if the CBA was completed by DDSN.

VII. ELIGIBILITY DETERMINATION

A. Initial eligibility

1. DHEC is responsible for eligibility determination by an interdisciplinary team. Within two working days of receipt of the initial CBA findings, the Intake/Service Coordinator will conduct an eligibility review, meeting to confirm that the child meets eligibility requirements for established risk or developmental delay.
2. The eligibility determination team will include:
 - a. Intake/Service Coordinator;
 - b. At least one other person representing a different discipline or role relevant to identified needs of the child; and
 - c. Others as needed based on Intake/Service Coordinator assessment.
3. If the child has been referred based on a qualifying diagnosis, the physician, nurse practitioner or other licensed health care provider who can provide written confirmation (any format) of the diagnosis may serve as the second person on the review team. If such documentation is available, no other action is needed to determine eligibility.

B. Eligibility Criteria

1. Established Risk
 - a. Documented condition is on the list of BabyNet covered medical conditions (included in the appendices); or
 - b. The DHEC Division of Children with Special Health Care Needs pediatric consultant determines that the child's diagnosed condition meets established risk criteria (i.e., is known to be associated with delays in one or more developmental domains).
2. Developmental Delay

Results of a standardized developmental assessment tool (including BabyNet-approved curriculum-based assessment), reveals a delay of:

 - a. 33% below the adjusted age in any domain; or
 - b. 25% below the adjusted age in two or more domains.

C. The eligibility determination process will include

1. Review of:
 - a. Written materials and reports gathered during the intake process from service providers and others familiar with the child's development;
 - b. Reported and direct observation of child's behaviors, abilities, and emerging skills; and
 - c. Family concerns and priorities.
2. Completion of IFSP Section 8 (Eligibility).

D. If the child is found to be eligible within two working days the Intake/Service Coordinator must:

1. Contact the family to review findings; and

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2. Initiate arrangements for the initial IFSP team meeting per guidelines in manual sections that follow.
- E. If child does not meet BabyNet eligibility criteria, within two working days the Intake/Service Coordinator must contact the family to:
1. Review findings with the family and discuss options and next steps;
 2. Discuss other interventions as appropriate;
 3. Assist with referrals as needed;
 4. Provide *Written Prior Notice* documenting reason for denial of eligibility with copy of *Notice of Child and Family Rights in the BabyNet System* (if family does not already have a copy); and
 5. Remind the parents that referral can be made again any time before the child's third birthday.
- F. If the Eligibility Review team is unable to make a final determination, the Intake/Service Coordinator should review the information with the immediate supervisor and/or Regional BabyNet System Manager. If needed, further assistance is available from the BabyNet Regional Consultant who will determine if additional central office review is required. If so, the Regional Consultant will contact the DHEC Division of Children with Special Health Care Needs pediatric consultant to make a determination.
- G. Continuing eligibility
- Once enrolled (i.e. after initial IFSP), continuing eligibility will be determined annually as part of the IFSP evaluation. Enrolled children will remain eligible for BabyNet services if:
- a. Qualifying condition persists; or
 - b. CBA reveals delay greater than 15% in any developmental domain; and
 - c. IFSP team has determined that continued Part C services will help to:
 - (i) Maintain developmental progress to date;
 - (ii) Prevent regression; or
 - (iii) Continue improvement in developmental status.

VIII. INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP)

The IFSP contains all IDEA Part C required information that is necessary to plan services to be provided through BabyNet:

Section	Title
1	Child Information
2	General contact information
3	Intake and Intake/Service Coordinator
4	IFSP tracking
5A	Family's view of child's current health
5B	Health care providers
6A	Family view of child's present level of functioning
6B	Assessment of child's current level of functioning
6C	Other team members view of child's present level of functioning
7	Family resources, priorities and concerns
8	Eligibility
9	Other services
10A	Child/Family-centered goals
10B	Periodic reviews of goals
10C	Signatures for change reviews
10D	Signatures for 6-month reviews
11	Service coordination goals
12	Transition planning
13	BabyNet services
14	Initial and annual IFSP consent and team signatures
15	Medical & therapy updates

Section VIII (IFSP)

A. Initial IFSP

1. The initial IFSP must be developed by a team that includes:
 - a. The Intake/Service Coordinator (who is responsible for arranging and conducting the meeting).
 - b. Parent(s).
 - c. CBA provider (or designee qualified to report and interpret CBA findings).
 - d. DDSN representative if special instruction is indicated.

Special instruction is indicated whenever:

- (i) Child has a qualifying diagnosis (and therefore needs developmental monitorship); or
- (ii) Child demonstrates cognitive delay $\geq 25\%$; or
- (iii) Child demonstrates social-emotional delay $\geq 25\%$; or
- (iv) Child demonstrates $\geq 20\%$ delay in any two domains; or
- (v) Child demonstrates $\geq 40\%$ delay in one domain; or
- (vi) There is a lack of timely access to required natural environment providers (PT/OT, speech therapist, etc).

The SPOE office must use a service coordinator/special instruction provider matrix for selecting the DDSN representative to serve on the initial IFSP team in counties where there are multiple contractors in the same county. This matrix should be set up in the same manner as the CBA provider matrix.

- e. Others as needed or as requested by the family.
2. The Intake/Service Coordinator is responsible for preparations for the initial IFSP meeting to include:
 - a. Scheduling the meeting on a date convenient for the family and other members of the team that is no later than 45 days after date referral was received. (Providers may be notified by email.)
 - b. Formal notice to family and Provider using the *Written Prior Notice/Meeting Notification* form when the meeting date is set. (Providers may be notified by email.)
 - c. Reviewing meeting purpose and process with the family.
 3. The Intake/Service Coordinator is responsible for assuring that the following activities are completed during and after the initial IFSP meeting:
 - a. Review of information gathered to date.
 - b. Complete the following sections of the IFSP

#	TOPIC
4	IFSP Tracking
5	Child current health status
6-C	Other team member views of present level of functioning
10	Child/Family-centered goals
11	Service Coordination goals (as appropriate)

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12	Transition planning (as appropriate)
14	Signatures

- c. Identifying on-going service coordination agency (DHEC, DDSN, or SDB) based on the table below.

Service Coordination Assignment Summary Table	
Agency	On-going Service Coordination assigned for
DDSN	<ul style="list-style-type: none">▪ Any child participating in the MR/RD Waiver; or▪ Eligible for DDSN services (regardless of need for special instruction); or▪ Requiring special instruction <i>without</i> vision or hearing impairment.
SDB	<ul style="list-style-type: none">▪ All children with vision or hearing impairment.
DHEC	<ul style="list-style-type: none">▪ All other children without vision or hearing impairment, and not in need of special instruction or other DDSN services (respite, family support).

If the county is served by more than one DDSN contract agency, and the family has a preference, that agency is selected for on going service coordination. If the family doesn't have a preference, the Intake/Service Coordinator assigns DDSN on-going service coordination agency by using a matrix like the one used to determine initial CBA provider.

- d. Identifying or confirming additional evaluations or assessments needed to specify services and identify providers. As appropriate, the Intake/Service Coordinator prepares authorization for evaluations (frequency=1, duration = 2 hours, intensity = 30 days).
- e. When the service coordination agency changes after the IFSP meeting, the Intake/Service Coordinator will transfer the BabyNet record to the on-going service coordination agency within two working days. Changes will be made in BabyTrac at that time.

B. 6-month IFSP Review

Six months after the initial IFSP and annual IFSP reviews, the Intake/Service Coordinator will:

1. Review *Quarterly Progress Reports* from IFSP service providers.
2. Discuss child's status and progress with family and providers. If any party identifies the need for changes in IFSP goals or services, service/Service Coordinator will arrange an IFSP team meeting to include family and relevant providers.
3. Document results of the review in the IFSP (Section 10-B).

C. Annual IFSP Review

1. The IFSP must be evaluated annually in order to formally assess progress in meeting stated goals and to prepare new document. This review must include:
 - a. Service Coordinator review of reports, assessment information, and records pertinent to the child's progress and service needs; and

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- b. Discussion of this information and child's progress with the family;
 - c. Transition planning (review held closest to the child's second birthday); and
 - d. Completion of new IFSP.
2. Participants in the annual IFSP review must include:
- a. Parent(s) of the child or caregivers;
 - b. Other family members or advocates as requested by the parent;
 - c. On-going Service Coordinator (or designee familiar with activities related to child's implementation of the IFSP);
 - d. Persons conducting any evaluations or assessments since last IFSP evaluation review, or their designee, unless written reports are available to team members; and
 - e. All BabyNet Service Providers currently serving the family and child.

Appropriate personnel from the local Department of Social Services should be invited to the meeting if the family/child is receiving child protection, foster, adoption, or managed treatment services under DSS supervision.

3. The annual review must be completed every 364 days.

A service change review conducted not more than 30 days prior to the scheduled annual review may serve as the annual review if the review team included:

- a. The Intake/Service Coordinator (who is responsible for arranging and conducting the meeting);
- b. Parent(s); and
- c. IFSP service providers (present or represented).

The next six-month review of the IFSP is then reset to not more than six months from the date annual evaluation of the plan. Therefore, there is no need to review and then evaluate the IFSP twice in a 30-day period.

Example: The last review of the IFSP was held March 1st. If the projected date of the annual evaluation of the plan is September 1st, a change review may occur on any date between August 1st and August 31st as needed and still count as the annual evaluation provided that all service providers participated in the review.

*This would be indicated in the Summary Review of Outcomes Section of the IFSP as **both** a change review and the annual review.*

The next six-month review of the IFSP would be due on the corresponding date between February 1st and 28th of the following year.

4. The Service Coordinator should begin requesting and compiling required materials at least eight weeks prior to the review date to assure timely availability.

The following activities must be completed prior to the IFSP meeting:

- a. Review of Quarterly Progress Summary reports from all providers serving the child. (BabyNet contracted providers are required to submit the information contained in these reports within 15 days of the end of each quarter. See Section regarding provider responsibilities and procedures to be followed if reports are not submitted as required.)

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- b. Determining a meeting date, time and location convenient to all team members.
 - c. Meeting with the family prior to the scheduled meeting to:
 - (i) Discuss the process of the Annual IFSP Meeting, including participants, tasks and scheduling using the *Family Guide to the BabyNet System*.
 - (ii) Review current IFSP and update IFSP Sections 1 and 2
 - (iii) Complete IFSP Sections 5, 6A, 7,9, 11 and 12.
 - (iv) Complete hearing and vision screening using the *Family Hearing and Vision Report* unless the child has had an evaluation by audiologist, ophthalmologist or optometrist within the past six months (180 days). Intake/Service Coordinator should request results of such evaluations (with parental consent).
 - (v) Review *Insurance Resources* form and update as needed.
 - (vi) Update of Release of Information and/or other forms as required.
 - d. Notifying family and other family members of annual review date, time and location.
 - (i) Family and Provider must be notified in writing (hard copy) at least 14 days before the meeting using the *Written Prior Notice/Meeting Notification* form. (Meeting may be held earlier if all parties agree to an alternate date.)
 - (ii) Other team members may be notified by any method.
 - e. Payment authorizations for each invited BabyNet provider.
5. A CBA must be done within four weeks of the scheduled annual IFSP evaluation. The service coordinating agency is responsible for completing the annual CBA using procedures developed by each agency.
- It is not necessary for the same CBA provider to be used from one administration of the tool to the next. However, the same CBA tool should be used from administration to administration unless:
- a. The IFSP team determines need to change tool based on service provider quarterly progress reports 90-days prior to annual evaluation of the IFSP;
 - b. Service Coordination has been transferred to or from SDB; or
 - c. There is clinical (child-focused) reason for changing tools.

D. Service changes

- 1. An IFSP service change review is required when any party requests a change in services listed on the current IFSP (addition, elimination, or change in duration or frequency of listed service). The purpose of the review is to:
 - a. Discuss reasons for proposed changes;
 - b. Revise the IFSP as needed; and
 - c. Obtain parental consent for the changes.
- 2. The Intake/Service Coordinator must notify all IFSP team members of the review date, time and location. Notice to the family and Provider must be done in hard copy at least 14 days before the meeting using the *Written Prior Notice/Meeting Notification Form*. Providers may be notified by any method.

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If all parties agree to an earlier meeting date, the review can occur at any time.

The parent and The Intake/Service Coordinator must be present at the review. Service providers may participate by telephone.

E. Provider changes

Provider changes after initial assignment of on-going service coordination agency and service coordinator are often required during the course of BabyNet service delivery. Formal service change reviews (described above) are required if the changes will result in any change to services and/or goals listed on the IFSP.

If a new service coordinator or provider will implement the IFSP as currently written, a service change review may be held, but is not required. However the current Service Coordinator, their supervisor or designee must assure that:

1. The family understands why change in personnel is required;
2. The family is introduced to the new Service Coordinator or provider;
3. The new Service Coordinator or provider reviews the current IFSP goals and services; and
4. Other service providers are made aware of the change in IFSP team composition.

F. Service Authorization

Prior authorization is required for BabyNet reimbursement of services listed on the IFSP. Only services listed on the child's current IFSP may be authorized. The Intake/Service Coordinator is responsible for authorizing services using the BabyNet Payment Authorization Form.

See Service Guide appendix for detailed description of authorization process and service reimbursement information.

G. Monitoring delivery of IFSP services

The Intake/Service Coordinator is responsible for:

1. Monthly contact with families to assess concerns, child status, family and provider adherence to IFSP activities and plans;
2. Reviewing all Quarterly Progress Reports submitted by the provider as they are received;
3. Updating Service Notes.

IX. TRANSITION TO PRE-SCHOOL SERVICES

A. Overview

1. IDEA Part C Requirements:

- a. Specific transition plans on each IFSP that describe:
 - (i) Steps (activities) to be completed and person(s) responsible;
 - (ii) Services required or desired to implement the plan; and
 - (iii) Plans to identify and obtain needed services.
- b. Formal notification to appropriate local education agency (LEA/school district) if child potentially eligible for IDEA Part B services.
- c. Community program or Head Start when family's transition plans include use of these resources.
- d. Arranging and/or participating in conference with family and LEA or Head Start to facilitate transition from Part C to Part B service systems by coordinated planning for pre-school services to be provided by those agencies.

Transition Due Date Summary Table						
	Age in Months		Age in Years		Days from 3 rd B'day	
	<i>Earliest</i>	<i>Latest</i>	<i>Earliest</i>	<i>Latest</i>	<i>Earliest</i>	<i>Latest</i>
NOTIFICATION	24		2 yrs	--	-180	--
REFERRAL		27*	--	2 yrs 3 mons	--	-270
CONFERENCE	27	33	2 yrs 3 mons	2 yrs 9 mons	-270	-90

** Recommended, IDEA deadline is 30 months*

B. Local Interagency Transition Agreements (LITAs)

1. Overview

In order to facilitate transition activities, BabyNet requires preparation of interagency agreements between Part B and Part C of IDEA for each area served by the 12 DHEC system point of entry offices. These agreements describe local procedures of BabyNet and the State Department of Education through the local school districts and Head Start programs supported by IDEA 619 grants for services to pre-school children (ages three to five years) with disabilities to ensure coordination on transition matters.

The agreements are designed to provide clear, easy-to follow procedures to facilitate the child and family's smooth transition from the IDEA Part C early intervention (BabyNet) system to Part B preschool service systems within the local education agency and/or Head Start agency.

The BabyNet system manager is responsible for assuring development and implementation of these agreements within each DHEC Region.

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2. Participants

The agencies listed below will be invited to participate in LITA development:

- a. The Local Education Agency (LEA);
- b. Head Start, Early Head Start, Migrant Head Start;
- c. DHEC/BabyNet;
- d. Local Board(s) of Disabilities and Special Needs and/or their contractors;
- e. The South Carolina School for the Deaf and the Blind;
- f. Community programs, such as early care educators.

These groups are typically members of the local BabyNet Coordination Team. The BabyNet system manager (or designee) is responsible for coordinating LITA development and implementation.

3. Required information

- a. Purpose;
- b. List of agencies involved;
- c. Requirements impacting this agreement;
- d. Definition of terms;
- e. Procedures for referral of children who turn 3 between the ending date of one school year and the beginning date of the subsequent school year and other extended school year breaks, and the most expedient process for evaluation and service delivery. When referrals should be made to the LEA/Head Start to ensure adherence to required timelines;
- f. The response of the local school district or agency/community provider to “late entry” referrals and the most expedient process for evaluation and service delivery;
- g. Work schedule and timelines;
- h. Contact information for local program/agency directors, program/agency contacts, and team members;
- i. Plans for periodic meetings to discuss and plan for transition procedures and timelines;
- j. Method of dissemination the LITAs and training on the content of the LITAs;
- k. Monitoring and Evaluation of Agreement;
- l. Statement that interagency disputes will be resolved in accordance with the MOA Between Participating Agencies Providing Early Intervention Services in South Carolina Under Part C of IDEA;
- m. Signatures of participating entities, and dates.
- n. Maps of school district boundaries are helpful to include but are not required.

4. Process

- a. The LITA is developed by local interagency group (participants listed above). The BabyNet system manager is responsible for coordinating and leading the process.

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Regular meetings of the local BabyNet Coordination Team can serve as a forum for LITA development and monitoring.

- b. Upon completion, the system manager must submit the document to the BabyNet program manager (state Part C Coordinator) for review and approval by BabyNet and a representative of the State Department of Education.
 - c. The BabyNet program manager will return the document to the system manager for final signature by each participating agency.
 - d. When all signatures are obtained, a copy of the document will be returned to BabyNet Central Office.
5. Dissemination

Once the Local Interagency Transition Agreement has been developed, consideration should be given as to how the Agreement will be disseminated, how and when families and agency staff will be informed and trained on the contents of the Agreement, and how the Agreement becomes a valid functioning part of the transition process. This should occur through the local BabyNet Coordination Team on at least an annual basis and more frequently as needed. Newly hired staff should be trained through their immediate supervisor.

6. Evaluation

The Local Interagency Transition Agreement shall be reviewed, evaluated and updated at least annually, or more often if necessary, to ensure effectiveness and continuous improvement of the Agreement

C. Transition Planning

1. At the initial intake visit the Intake/Service Coordinator discusses transition with the family. The family is made aware that BabyNet eligibility ends at age three. The Intake/Service Coordinator continues to discuss transition at each review and annual evaluation of the IFSP.
2. The Transition Planning section of the IFSP must be completed at the six-month or annual review meeting closest to the child's 2nd birthday.
3. Families should be provided information on service options including:
 - a. Developmental Disabilities Programs (e.g. through DDSN);
 - b. School for the Deaf and Blind;
 - c. Child care facilities; and/or
 - d. Local school district.
4. This plan allows time for families to explore options, ask questions, and make decisions regarding referrals.

5. This required discussion about transition must include the following:
 - a. Relevant family outcomes related to transition;
 - b. Who will be involved with the child's transition;
 - c. Preparing the child for changes in service delivery including steps to help the child adjust to and function in a new setting;
 - d. Discussions with and training for parents regarding future placements and other matters related to the child's transition;
 - e. The Transition Conference that, with parent permission, must be scheduled with the local school district;
 - f. Parents should be encouraged to think about what options they might choose if the child is not eligible for local school district services. The Intake/Service Coordinator must assist the family in investigating these options and discuss scheduling appropriate transition conferences with other community providers;
 - g. Explanation that eligibility for BabyNet services does not guarantee eligibility for any other program.
 - h. Discuss and educate parents about the differences between BabyNet services and educationally related services under Part B of IDEA. (See comparison chart)
 - i. Transition Planning steps to be taken—decisions made, outcomes developed, and appointments to be scheduled—must be documented during the IFSP meeting on the IFSP form, along with the name of the person(s) responsible for carrying out each step.
6. In addition to the information regarding scheduling a transition conference being documented on the Transition Planning page of the IFSP, it must also be documented on the appropriate section of the *Transition Referral form*.

D. Transition Notification

IDEA regulations require formal notification to the local educational agency of all children who are BabyNet eligible, and will shortly reach the age of eligibility for preschool services under Part B of the IDEA.

The System Manager is responsible for:

1. Generating BabyTrac report by school district with school district, name, date of birth, address, and telephone number for all active children in the DHEC Region with an IFSP who:
 - a. Will turn 24 months of age in the following month.
 - b. Are over 24 months of age whose initial IFSP was developed during the prior month

This information is considered *directory information* under the Family Educational Rights and Privacy Act (FERPA) and must be completed for all children 24-months (or older in case of late referral) referred to and/or found eligible for BabyNet services.

2. Sending this information to the appropriate representative of the local school district in which the child lives by no later than the third working day of each month for the preceding month

Example: On May 1st the System Manager will run a report for all those children turning 24 months of age between April 1st and April 30th.

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3. Late Referrals

If the child is 33 months to 36 months upon referral the Intake/Service Coordinator (or other designated SPOE office staff member) will discuss the BabyNet System age limits and proceeds with BabyNet and/or preschool referral based on family's choice.

The local school district should be immediately contacted and directory information sent to them by the BabyNet Intake/Service Coordinator.

E. Transition Referral

1. With the approval of the family of the child, a referral to the local school district, head start, and/or community program is made.
2. With parental permission, The Intake/Service Coordinator will indicate on the *Transition Referral* form if the parents have requested a referral to the LEA (school district), want to have a transition conference, and/or want their child's records sent to LEA. This permission should be obtained at the IFSP meeting closest to the child's second birthday, if possible. This process is also followed if parents wish a referral to a community program. The BabyNet Intake/Service Coordinator will indicate this on the *Transition Referral* form.
3. If the parent consents to LEA referral and transfer of information, the Intake/Service Coordinator will make appropriate arrangements to transmit relevant parts of the BabyNet record to the agency providing pre-school services (LEA, Head Start or community program).
4. The parent makes the ultimate decisions as to which of the child's records they want shared with the LEA.

F. If parents indicate that they are not interested in pursuing eligibility for school district preschool services, as part of child find the parent must also refuse school district services to LEA.

When the family does not want a transition referral to the LEA referral The Intake/Service Coordinator must:

1. Enter this information on the *Transition Referral* form;
2. Give the family contact information for the director of special education;
3. Inform the family that they can contact the LEA representative at any time to receive information about Part B services;
4. Inform the family that the LEA will contact them as part of their child find activities.

Once the family has declined BabyNet referral for LEA pre-school services, further contact about these services is the LEA responsibility

G. Transition Conference

1. The BabyNet Intake/Service Coordinator is responsible for convening a transition conference, at least 90 days, and at the discretion of the parties, up to 9 months, before the child is eligible for the preschool services among The Intake/Service Coordinator (representing the lead agency), the family, and the local education agency.
2. The BabyNet Intake/Service Coordinator must also convene a Transition Conference, with the approval of the family, for the child who is determined not to be eligible for preschool services from the LEA with appropriate community programs.
3. The notification to the schools regarding this Conference must be at least fourteen calendar days before the Transition Conference is scheduled. BabyNet, the family, and the school

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district, or Head Start shall coordinate their schedules to set a mutually agreeable time for the conference.

- a. If the family consents to referral and transition conference with LEA and/or Head Start:
 - (i) The BabyNet Intake/Service Coordinator notifies the school district where the child resides of the need for a Transition Conference. The notification to the schools regarding this Conference must be at least fourteen calendar days before the Transition Conference is scheduled. The Transition Conference must be held at a mutually agreeable time for family, school district, community agency, and BabyNet Intake/Service Coordinator.
 - (ii) The BabyNet Intake/Service Coordinator convenes the Transition Conference.
 - (iii) A transition conference can occur only with parental permission. If the parents want to have a transition conference but choose not to attend the conference, the conference can be held. If parent has previously agreed to a conference but doesn't attend the conference, the conference can still occur as planned.
 - (iv) The transition conference may occur by telephone if all parties have previously agreed.
 - (v) The Transition Conference form reflects the discussion of the conference participants and the planning of the specific steps or actions needed to transition the child to the LEA, Head Start, and/or other community agencies.
- b. If the family consents to referral and transition conference to community provider:
- c. BabyNet Intake/Service Coordinator notifies the community provider identified by the family of the need for a Transition Conference. The Transition Conference must be held at a mutually agreeable time for family, community agency, and BabyNet Intake/Service Coordinator.
- d. BabyNet Intake/Service Coordinator sends an invitation to attend transition conference to family and other appropriate service provider indicated by the parents,
- e. The BabyNet Intake/Service Coordinator convenes the Transition Conference.
- f. A transition conference can occur only with parental permission. If parent has previously agreed to a conference but doesn't attend the conference, the conference can still occur as planned.
- g. The transition conference may occur by telephone if all parties have previously agreed.
- h. The Transition Conference Form is used to delineate the transition plan.

4. Transition Conference Plan

- a. The Transition Conference form reflects the discussion of the conference participants and the planning of the specific steps or actions needed to transition the child to the LEA, Head Start, and/or other community agencies.
- b. The transition plan can be developed during the transition conference by the parent and the other conference team members. Or, if the parent does not want a conference, or doesn't attend the conference, the BabyNet Intake/Service Coordinator and the parent can develop the plan.
- c. The Transition Plan includes:

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- (i) A list of steps to support transitions during the time the child receives BabyNet services.
- (ii) The activities and persons responsible for each step.
- (iii) The completion date of each activity.
- (iv) The BabyNet Intake/Service Coordinator sees that all activities listed in the Transition Plan section of the Transition Conference Form are completed.

5. Invitation to Initial IEP Meeting

- a. In the case of a child who was previously served under Part C, an invitation to the initial IEP meeting shall, at the request of the parent, be sent to The Intake/Service Coordinator or other representatives of the Part C system to assist with the smooth transition of services. The Part C representative shall attend the IEP meeting, if invited.
- b. At the request of the parent, the BabyNet Intake/Service Coordinator will be invited to the child's initial IEP meeting at age 3.

6. Follow-Up to Transition

- a. The Local Education Agency or Head Start will complete data information required by Part C and return this information to the BabyNet Intake/Service Coordinator.
- b. Personnel from the receiving agency (Local Education Agency or Head Start) complete the Notification/Referral Form, Section 4 that was sent with referral information and return it to the BabyNet Intake/Service Coordinator within 10 calendar days of the child's IEP meeting, or within ten days of the of child's third birthday. The BabyNet Intake/Service Coordinator ensures that the information is entered into BabyTrac.

7. Special Considerations

a. Summer Birthdays

When BabyNet eligible children turn 3 between the ending date of one school year and the beginning date of the subsequent school year, extra planning may be required. Transition services are completed in a timely manner to allow for completion of: evaluations to determine eligibility for special education and related services; development of an IEP; consideration for extended school year services; and/or initiation of other services.

Local procedures must be developed to determine when referrals should be made to ensure adherence to required timelines. The LITA must delineate the response of the local school district or agency/community provider to referrals of children who turn 3 between the ending date of one school year and the beginning date of the subsequent school year and other extended school year breaks, and the most expedient process for evaluation and service delivery.

b. Late entry children

- (i) If the child is 33 - 36 months old upon referral to BabyNet, the Intake/Service Coordinator (or designee) will discuss the BabyNet System age limits and transition to preschool services. Proceed with BabyNet referral and/or referral to preschool services upon family request.
- (ii) The local school district should be immediately contacted and directory information on the Transition Notification/Referral form sent to them.

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- (iii) The LITA between the BabyNet System and the local school district must delineate the response of the local school district or agency/community provider to “late entry” referrals and the most expedient process for evaluation and service delivery.

c. Transition of Children to Other than Home School District

Parents wishing to transition children into a school district other than their home school district must go through an approval process from their home district and the requested school district. (Refer to SC Code of Laws § 59-63-410 through § 59-63-540)

Comparison Between Part B and Part C of IDEA

	<i>Early Intervention/ BabyNet</i>	<i>Local Education Agency (LEA)</i>
	Part C	Part B
Prior Notice	✓	✓
Parental consent	✓	✓
Confidentiality	✓	✓
Access to Educational Records	✓	✓
Complaint Procedures mediation, due process	✓	✓
Participation in identification, evaluation, assessment, and eligibility	✓	✓
Participation in plan (IFSP or IEP) development/placement	✓	✓
Review of plan	IFSP reviews every 6 months (or more often as requested by parents) and evaluated annually.	Review of IEP occurs periodically, but not less than annually
Service settings	Natural environment	Least Restrictive Environment Free Appropriate Public Education (FAPE) Independent education evaluation Participation in placement decisions Placement by parents in private schools at public expense Disciplinary actions

X. DOCUMENTATION AND RECORD MANAGEMENT

A. Record Components

The BabyNet Record is an educational record (not a medical record), to be kept in a confidential manner in accordance with pertinent policy, rule and law. All entities within the BabyNet system must adhere to the confidentiality requirements. The requirements for maintenance and access to educational records are stated within IDEA and the Family Educational Rights and Privacy Act (FERPA).

It includes personally identifiable information about a child or the child's family that is generated by the BabyNet system and includes:

- a. Signed copies of all consent forms;
- b. Results of screening and evaluations conducted by BabyNet system staff (e.g. PEDS) or received from other providers;
- c. All correspondence with the family including printed copies of email messages;
- d. IFSP form and all related documentation;
- e. Authorization forms;
- f. Service notes; and
- g. Any other information generated or obtained through the BabyNet System.

B. Record Compilation

1. Left Side:

- a. TABBED DIVIDER: CLIENT PROFILE, HX
 - (i) (Bottom blue divider)
 - (ii) BabyTrac profile sheet
 - (iii) Medicaid screen
 - (iv) Developmental screening forms (ASQ, PEDS, etc), CBA tool
 - (v) Hearing and vision screening form (*Family Hearing and Vision Report*)
 - (vi) *Insurance Resources* form
- b. TABBED DIVIDER: CORRESPONDENCE/OTHER
 - (i) (Bottom blue divider)
 - (ii) *Primary Health Care Provider Summary* form
 - (iii) Prescriptions, letters, notes, memos to and/or from family, physicians, or other providers.
 - (iv) *Written Prior Notice* form
 - (v) *Transition Referral* form
 - (vi) *Transition Conference* form
 - (vii) *Closure Letter*
 - (viii) Request for and Follow-up of Services (DHEC 1610)
- c. TABBED DIVIDER: FINANCIAL
 - (i) BabyNet Payment Authorization forms (DHEC 3203)
 - (ii) Interpretative Services Log
 - (iii) Transportation Log (DHEC 0767)

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(iv) Assistive Technology Request (DHEC 0771)

2. BN Record - Right Side:

a. TABBED DIVIDER: CONTINUATION

(i) (Bottom blue divider)

(ii) All service coordination notes on Continuation/Coordination Sheet (DHEC 1619).

b. TABBED DIVIDER: DHEC (Side peach divider)

Any relevant WIC/CRS or County Health Department information pertaining to the child (i.e., screenings or information on services received or currently receiving).

c. TABBED DIVIDER: OTHER PROVIDERS (Side peach divider)

Any reports from medical specialists, Audiologists, Pediatricians, etc.

d. TABBED DIVIDER: HOSPITAL (Side peach divider)

Any birth records, hospital stay or surgical reports.

e. TABBED DIVIDER: THERAPY (Side peach divider)

(i) *Provider Quarterly Progress Notes*

(ii) PT, OT, and/or Speech Therapy reports or progress notes

f. TABBED DIVIDER: OTHER AGENCIES

(i) (Side peach divider)

(ii) Early Intervention/Special Instruction/Family Training reports/records/assessments and evaluations

g. TABBED DIVIDER: ELIGIBILITY

(i) (Side peach divider)

(ii) *Consent for Screening, Evaluation and Assessment*

(iii) *Consent for Obtaining and/or Releasing Information*

(iv) *Birth and Early Health History*

(v) *Parent Refusal of Services* form

h. TABBED DIVIDER: IFSP

(i) (Side peach divider)

(ii) Individualized Family Service Plan (IFSP)

C. Filing

1. DHEC BabyNet records will be maintained in a *separate* BabyNet file. It will not be integrated into any child health records also on file in the health department. Other programs within the health department and other state and local agencies will not have access to these records unless permission is obtained from the parent.

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2. Upon exit from the BabyNet System, a copy of the record will be offered to the parents/guardians and the original record will be retained and subsequently destroyed according to DHEC procedures currently in effect.

D. Record Entry Format

The guidelines contained here are consistent with Medicaid guidelines. Service coordination agencies (DHEC, DDSN, SDB) may have additional record entry requirements.

1. Service notes and other entries made by BabyNet staff must be:
 - a. Typed or handwritten in dark ink (permissible to note allergies in red);
 - b. Easily legible;
 - c. Kept in chronological order;
 - d. Include date (month, day, year) note is written; and
 - e. Signed by the service provider with professional title. If space is limited, it is acceptable to use initials by each entry if the legal signature appears at least once on the same page.
2. Service notes written into the record more than 72 hours after the activity that is described must be identified as late entries.
3. Each SPOE office must maintain a list of any abbreviations or symbols used in the records. This list must be clear as to the meaning of each abbreviation or symbol. ONLY abbreviations and symbols on this approved list may be used.
4. When errors are made in service notes the service provider must clearly draw one line through the error, enter the correct information, and add service provider signature or initials and date. If additional explanation is appropriate, this may be included. The information contained in the error must remain legible. No correction fluid or erasable ink may be used.
5. If a record review reveals that a service note was not signed when written, the note must be signed immediately and that signature given the current date. A current service note must be written to explain the difference between the signature date and the date the note was actually written;

E. Service Note Content

1. Service notes for Medicaid billable services must contain enough information to demonstrate completion of reimbursable services. This requires the following at a minimum:
 - a. The contact person;
 - b. Type of contact;
 - c. Location of contact;
 - d. Length of contact time (in billable units);
 - e. Actions completed; and
 - f. Results and planned follow-up activities.
2. Service notes must be individualized to the specific child represented by the BabyNet record
3. Persons referenced in service notes or any supporting correspondence must be identified by relationship to the child at least once on each page

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4. The content of the service note will contain sufficient detail to clearly communicate the purpose of the note and to document billable activity
5. Written correspondence, pertinent oral communications, completed reports/forms and completion/updates to the IFSP must be documented in service notes to include identification in the record of any referenced documents;
6. Service notes should be limited to description of actions taken and/or observations relevant to the child or family's needs and provision of BabyNet services.
7. Service notes will document the units of time (15 minutes per unit) required to complete the billable activity. A unit of service generally represents 15 minutes of time spent delivering the service. Documentation of activities must support the number of units billed.

F. Transferring Records

The BabyNet System Manager is available for assistance as needed with any of the steps outlined below. Interagency notifications should be done by email as much as possible. BabyNet cover sheet (or substitute) to be used for all record transfers.

Designees may be used as appropriate for Intake/Service Coordinator, Supervisor and/or System Manager activities described in this section.

1. Active Cases

- a. The agency initiating the transfer (Service Coordinator, Supervisor and/or System Manager based on agency protocols) will:
 - (i) Discuss need for change in service coordination agencies with the family, and identify a specific agency or Intake/Service Coordinator if family has a preference.
 - (ii) Inform the receiving agency (BabyNet Supervisor if DDSN or SDB, System Manager if DHEC) that records will be transferred, and the reason for the transfer.
 - (iii) Confirm that receiving agency will accept the transfer.
 - (iv) Inform all service providers of the change in IFSP team members. This notification can be done by email.
 - (v) Send original copies of the record to the BabyNet record to the receiving agency with the cover sheet. The record includes originals of the materials listed in (A) above.
 - (vi) Change the address in BabyTrac upon request of the receiving agency.
- b. The receiving agency (Service Coordinator, Supervisor and/or System Manager based on agency protocols) will:
 - (i) Confirm agency ability to accept the transfer.
 - (ii) Review information sent by the referring agency.
 - (iii) Request that the referring agency initiate BabyTrac transfer by entering new address in BabyTrac.
 - (iv) Complete the BabyTrac transfer once initiated by the referring agency.
 - (v) Notify the referring agency that the transfer has been completed.

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2. Inactive or lost to follow up cases, unable to contact cases transferred to DHEC.
 - a. The agency initiating the transfer (Service Coordinator, Supervisor and/or System Manager based on agency protocols) will:
 - (i) Document attempts to contact the family to determine interest in continued BabyNet services.
 - (ii) Inform all service providers that the case will be closed. (This notification can be done by email.)
 - (iii) Close the child to originating agency services as appropriate.
 - (iv) Make archival copies as required.
 - (v) Notify the System Manager that the record is being transferred to DHEC.
 - (vi) Send the BabyNet record to DHEC BabyNet office with the cover sheet within two working days after notifying the Systems Manager that the record will be transferred.
 - (vii) Change the address in BabyTrac upon request of the DHEC BabyNet office.
 - b. The DHEC BabyNet Office will (as appropriate):
 - (i) Review information sent by the referring agency.
 - (ii) Based on information received, contact the family to get additional information or arrange for DHEC services.
 - (iii) Send the family the *Closure Letter* to confirm that the BabyNet case has been closed.
 - (iv) Request that the referring agency initiate BabyTrac transfer by entering new address in BabyTrac.
 - (v) Close the record in BabyTrac.
 - (vi) Notify the originating agency that the transfer has been completed.
3. Transferring Records (exiting BabyNet)
 - a. The agency initiating the transfer (Service Coordinator, Supervisor and/or System Manager based on agency protocols) will:
 - (i) Close the child to referring agency services if appropriate.
 - (ii) Make archival copies as required.
 - (iii) Notify the System Manager that the record is being transferred to DHEC.
 - (iv) Send the BabyNet record to the DHEC BabyNet office with the BabyNet cover sheet within two working days after notifying the Systems Manager that the record will be transferred.
 - b. The DHEC BabyNet Office will (as appropriate):
 - (i) Review information sent by the referring agency.
 - (ii) Send the family the *Closure Letter* to confirm that the BabyNet case has been closed.

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- (iii) Request that the referring agency initiate BabyTrac transfer by entering new address in BabyTrac.
- (iv) Complete BabyTrac closure.
- (v) Notify the agency initiating the transfer that the transfer has been completed.

G. Record Storage, Retention, and Archiving.

1. Each agency must store active BabyNet records in confidential manner according to specific agency requirements.
2. When a case is closed to agency services DDSN and/or SDB BabyNet staff or contractors must:
 - a. Make archival copies as needed for storage, retention and archiving according to agency policy;
 - b. Send the BabyNet early intervention record (originals) to the DHEC BabyNet Office serving child's county of residence.
3. Upon receipt, DHEC will add active records to the existing files. Closed records will be retained and archived according to the DHEC policies and procedures governing records of minors (children under age 18). Current (August 2006) policy requires that these records be kept for 13 years after the date of last treatment, when they may be destroyed, provided the client is at least 18 years of age at the time of record destruction. DHEC will keep the records for three years, and until the child is at least eight years of age, and then transfer them to the State Records Center. They will be destroyed after ten years according to the Health Record Retention Schedule for Minors.